Case 1:19-cv-02039 Document 1-1 Filed 03/05/19 Page 1 of 13 [Print in black ink to fill in _aces next to the instructions] SUPREME COURT OF THE STATE OF NEW YORK **COUNTY OF NEW YORK** In the Matter of the Application of **Index Number** 101540-18 Petitioner(s) [fill in name(s)] **VERIFIED PETITION** - against -FILED OCT 19 2018 [fill in name(s)] Respondent(s) NEW YORK COUNTY TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK [your name] respectfully The petition of _ shows to this Court as follows: 1. Petitioner resides at [your address] 2. The respondent(s) is/are [identify the respondent(s)] Meri Drisc FINDNCIAL Services 3. [Describe what you are requesting. Add more pages if needed. If you are appealing the decision of a government agency, give the date and outcome of the final determination. Explain why this Court should reverse that decision.] Keversol af decision FORGE

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	917-747-9758
•	VERIFICATION
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	erein stated to be alleged on information and belief; and as to those matters I believe it to be
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11	day, 200 19 Petitioner [sign your name in front of a Notary]
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	Notary Public [print your name]
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	Craig Ian Gardy
•	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 02GA5040751
	Qualified in Suffolk County County Commission Expires March 20, 2023

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Case 1:19-cv-02039 Document 1-1 Filed 03/05/19 Page 6 of 13 INDEX NO. 10/348-:mLbsm/11c Please take notice that the within is a (certified) true copy of a SUPREME COURT OF THE STATE OF NEW YORK **COUNTY OF NEW YORK** duly entered in the office of the clerk of the within named court on the ____day of ___ Dated: Yours, etc. Plaintiff/Petitioner Plaintiff/Petitioner - against -Attorney for: Defendant/Respondent Office and Post Office Address Defendant/Respondent Attorney(s) for To the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances. Sir/Madam: the presentation of these papers or the contentions therein are not frivolous as defined in subsection (c) of Section Please take notice that an____ 130-1.1 of the Rules of the Chief Administrator (22NYCRR) of which the within is a true copy will be presented for settlement Sign Name: 🛇 to the Hon._____, one of the Justices Print Name: of the within named court at Address: . 200 at AM/PM Yours, etc Telephone Plaintiff/Petitioner Defendant/Respondent ___ Service of a copy of the within is hereby admitted Dated: ______, 200___ Attorney for ______ Attorney(s) for

[Print in black ink to fill in the spaces next to the instructions] SUPREME COURT OF THE STATE OF NEW YORK **COUNTY OF NEW YORK** In the Matter of the Application of Index Number (fill in name(s)) Petitioner(s) - against -VERIFIED PETITION [fill in name(s)] Respondent(s) TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK: The petition of [your name] respectfully shows to this Court as follows: 1. Petitioner resides at < **[vour address]** 2. The respondent(s) is/are [identify the respondent(s)] 3. [Describe what you are requesting. Add more pages if needed. If you are appealing the decision of a government agency, give the date and outcome of the final determination. Explain why this Court should reverse that decision.] BROTE.

Case 1:19-cv-02039 Document 1-1 Filed 03/05/19 Page 8 of 13 Print in *black* ink all areas in bold letters. SUPREME COURT OF THE STATE OF NEW YORK 64-386-5957 **COUNTY OF NEW YORK** Index Number In the Matter of the Application of ffill in name(s)] Petitioner(s) NOTICE OF PETITION - against -[fill in name(s)] Respondent(s) PLEASE TAKE NOTICE that upon the verified petition(s) of 1 Aculli __, [your name(s)], sworn to on _ [date Verified Petition notarized], and the attached exhibits, petitioner(s) will request this Court, at 9:30 AM on the ____ day of __ _____, 200 ___, [return date] at the Courthouse, at 60 Centre Street, New York, N. Y., in the Motion Support Courtroom, Room 130, for a judgment, pursuant to the Civil Practice Law and Rules (CPLR), granting the following relief to the petitioner(s): [briefly describe what you are asking the Court to do] and for such other and further relief as this Court may deem just and proper. Dated: ___ Respectfully submitted, [date signed] To: Respondent(s) Petitioner(s) [your name, address, telephone number]

[name, address, telephone number]

4. Attached are copies of all relevant documents. [Attach the decision you are asking the court to reverse as Exhibit A. Attach any other documents as Exhibit B, Exhibit C, and so on. List additional Exhibits on separate page.] Exhibit A - Exhibit B - Exhibit C - Exhibit C - Exhibit D - Exhib	8	Case 1:	:19-cv-0203	39 Docu	ıment 1-1	Filed 03	8/05/19	Page 9 of	13	
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<u> ج</u> َ	WHEREFORE, your deponent respectfully requests that this Court [briefly describe what
	you are requesting]: Keve (KATE AMARD BY
	FINRA AND ACUARD CLAIMANT BOTZ
	Campaisatore + ViviTive DAMAGES
	, 200
	[date signed] Petitioner [sign your name]
	() 1 () () () () () () () () (
	[print your name]
,	
•	Con Cur Driv
	tot all
	- Day 8: 0x NJ 1136 0
	[your address and telephone no.]
	917-742-9758
	VERIFICATION
	STATE OF NEW YORK
Ç	COUNTY OF : ss:
ď	eposes and says that: I am the petitioner in this proceeding; I have read the foregoing petition
	nd know the contents thereof; the same is true to my own knowledge, except as to matters
	erein stated to be alleged on information and belief; and as to those matters I believe it to be
	Je.
S۱	worn to before me on
	day, 200 19 Petitioner [sign your name in front of a Notary]
•	
	Notary Public [print your name]
	(brine your name)
	Craig Ian Gardy NOTARY PUBLIC, STATE OF NEW YORK
•	Registration No. 02GA5040751
	Qualified in Suffolk County County Commission Expires March 20, 2023

Case 1:19-cv-02039 Document 1-1 Filed 03/05/19 Page 11 of 13 Print in black ink all areas in bold letters. SUPREME COURT OF THE STATE OF NEW YORK 64-386-5957 **COUNTY OF NEW YORK Index Number** In the Matter of the Application of [fill in name(s)] Petitioner(s) NOTICE OF PETITION - against -[fill in name(s)] Respondent(s) PLEASE TAKE NOTICE that upon the verified petition(s) of _ / APull: , [your name(s)], sworn to on _ [date Verified Petition notarized], and the attached exhibits, petitioner(s) will request this Court, at 9:30 AM on the day of _____, 200 ____, [return date] at the Courthouse, at 60 Centre Street, New York, N. Y., in the Motion Support Courtroom, Room 130, for a judgment, pursuant to the Civil Practice Law and Rules (CPLR), granting the following relief to the petitioner(s): [briefly describe what you are asking the Court to do] and for such other and further relief as this Court may deem just and proper. Dated: Respectfully submitted. [date signed] Petitioner(s) To: Respondent(s) [your name, address, telephone number] Worcill Center NCADOLI

[name, address, telephone number]

4-06

Nc** e, a Notic	te of Petition and Verified Petition, an Order	to Show Cause and Verified Petition of 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15
SUPREME COL COUNTY OF N	JRT OF THE STATE OF NEW YORK EW YORK	
	Tan 11	Index Number
FGII !	Plaintiff(s)/Petitioner(s)	101540-18
[fill in names(s)	- against -	
	Menp Rise Financial Defendant(s)/Respondent(s)	AFFIDAVIT OF SERVICE of INITIATING PAPERS
[fill in names(s)	Defendant(s)/Respondent(s)	
STATE OF NEW COUNTY OF		
!,		, [name of person who served papers]
being duly sworn,	depose and say:	
l am over 1	18 years of age and am not a party to this case. [your address]	
	, 200, [date of service], at	AM / PM [time of day]. I served the
	n this case. The address of the place where the	papers were served is [location where
	papers in the manner indicated below: [check	hov that annines!
i served the	papers in the mainler indicated below. [check	box triat applies].
	D. Joliussian a true court of each to the defen	e
) □ <u>Individual</u>	By delivering a true copy of each to the defer	•
	served to be the person named in those paper	•
	defendant?]	
		description of defendant on page 2].
) □ <u>Corporation</u>		[name of
O Corporation	business], a domestic corporation, by deliver	
	person served]	•
·	description of person on page 2], who is [id	:
. •		knew the corporation to be that listed in
	the papers served and I knew the title of person	
	authorized to accept service.	The state of the s

3)-0 <u>Ibstitu</u>	ted By delivering a tri	ie copy of each to j	identify person served	E 13 01 13				
<u>Service</u>		[Fill out description of person below] a						
	person of suitable	e age and discretion	n, at the actual place of	business, dwelling house				
6	or usual place of	abode in the state,	<u>and</u> mailing, as indicate	d below.				
Mailing	I also enclosed a	copy of the above p	apers in a postpaid, sea	aled envelope properly				
(Use with 3)	addressed to defe [address]	ndant's last known i	residence or actual plac	e of business, located at				
:		-	t office depository undervice within New York S	r the exclusive care and State.				
<u>Description</u>	The individual I ser	ved had the followir	ng characteristics: [Che	eck one box in each				
Use with 1, 2,	category]:							
or 3	<u>Sex</u>	<u>Height</u>	<u>Weight</u>	Age				
	□ Male	🛮 Under 5"	□ Under 100 lbs.	□ 21 - 34 years				
	□ Female	□ 5'0"- 5 ' 3"	□ 100 -130 lbs.	□ 35 - 50 years				
	٠.	□ 5'4" - 5'8" · .	□ 131 - 160 lbs.	□ 51 - 61 years				
• •	•	п 5'9" - 6'0"	□ 161 - 200 lbs.	□ Over 61 yrs.				
	•	□ Over 6'	☐ Over 200 lbs.					
Co	lor of skin [describe]:							
Col	lor of hair [describe]:		· .	•				
	ner identifying features, if	any [describe]:						
· •								
i <u>Military</u> I as	ked the person to whom	I spoke whether the	defendant was in the n	nilitary of the United				
	tes or New York State In a	-		•				
•	ar a military uniform. I stal							
	tary service of the United			•				
	versation(s) and observat		•	y Dollor ID 415				
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worn to before m day of	ne this, 200	· · · · ·	[sign your name befo	re a Notary]				
				v				
Notary	Public		[print your na	me]				